

DECLARATION AND POWER OF ATTORNEY FOR U.S. PATENT APPLICATIONS

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,
and

I believe I am an original, first and joint inventor of the subject matter which is claimed
and for which a patent is sought on the invention entitled

Autoclavable Pharmaceutical Compositions Containing A
Chelating Agent

the specification of which was filed on as U.S. Application No. .

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims.

I acknowledge my duty to disclose all information which is known by me to be material to
the patentability of this application as defined in 37 C.F.R. §1.56.

I hereby claim the benefit under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign
application(s) for patent or inventor's certificate listed below and under 35 U.S.C. §365(a) of any
PCT international application(s) designating at least one country other than the United States
listed below and have also listed below any foreign application(s) for patent or inventor's
certificate or any PCT international application(s) designating at least one country other than the
United States for the same subject matter and having a filing date before that of the application
the priority of which is claimed for that subject matter:

<u>Country, Region or PCT</u>	<u>Application No.</u>	<u>Filing Date</u>	<u>Priority Claimed</u>
EP	98810016.0	January 15, 1998	Yes

I hereby claim the benefit under 35 USC §119(e) of any United States provisional
application(s) listed below:

None

100161-1001

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) listed below and under 35 U.S.C. §365(c) of any PCT international application(s) designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior application(s) in the manner required by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date(s) of the prior application(s) and the national or PCT international filing date of this application:

<u>United States Application No.</u>	<u>United States Filing or §371 Date</u>	<u>Status or U.S. Patent No.</u>	<u>International Application No.</u>	<u>International Filing Date</u>
--	--	--	PCT/EP99/00160	January 13, 1999
09/616,151	July 14, 2000	Pending	--	--

I hereby appoint the attorneys and agents associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby authorize my aforementioned attorneys and agents and any others acting on my behalf to take any action relating to this application based on communications from the Patents and Trademarks Division of Novartis Services AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please address all communications to the address associated with Customer No. 001095, which is currently Thomas Hoxie, Novartis Corporation, Patent and Trademark Dept., 564 Morris Avenue, Summit, NJ 07901-1027.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FIRST JOINT INVENTOR:

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(MM/DD/YY)

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Full name : **Andrea Fetz**

Signature : _____

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IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Basic Filing Fee								\$	740
Multiple Dependent Claim Fee (\$ 280)								\$	
Foreign Language Surcharge (\$ 900)								\$	
	For	Number Filed		Number Extra		Rate			
Extra Claims	Total Claims	14	-20	0	x	\$	18	=	\$
	Independent Claims	2	-3	0	x	\$	84	=	\$
TOTAL FILING FEE								\$	740

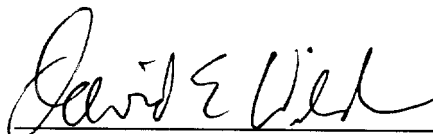
- ☒ Please charge Deposit Account No. 19-0134 in the name of Novartis Corporation in the amount of \$740. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-0134 in the name of Novartis Corporation.

Please address all correspondence to the address associated with Customer No. 001095, which is currently:

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Please direct all telephone calls to the undersigned at the number given below and all telefaxes to (908) 522-6955.

Respectfully submitted,



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Date: December 10, 2001

SCANNED, #